

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA**

**A. Full Name (Last, First, Middle Initial)**

**MS. ALANNA SLOCUMB**

Mailing Address 3212 BOUQUET CT

City	State	Zip Code
MODESTO	CA	95356-9316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.243152B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

-500.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MS. ALANNA SLOCUMB**

Mailing Address 3212 BOUQUET CT

City	State	Zip Code
MODESTO	CA	95356-9316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

**Transaction ID : SA17.537179**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**ROY SLOOTHEER**

Mailing Address 1109 SAMANTHA LANE

City	State	Zip Code
MOORE	OK	73160-8448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NA

Occupation  
R.N.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.258625**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

500.00

**Total This Period (last page this line number only)**.....